

Patent Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable

Form (CRF)?:

Number of copies of CRF::

Title:: DIAGNOSIS OF DISEASE BY DETERMINATION OF
ELECTRICAL NETWORK PROPERTIES OF A BODY
PART

Attorney Docket Number:: 13180-31

Request for Early

Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 6

Small Entity?: Yes

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type::

Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Adam

Middle Name::

Family Name:: Semlyen

Name Suffix::

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 2203-65 High Park Avenue

City of mailing address:: Toronto

State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: M6P 2R7

Inventor Authority Type:: Inventor

Primary Citizenship
Country:: Canada
Status:: Full Capacity

Given Name:: Milan
Middle Name::
Family Name:: Graovac
Name Suffix::
City of Residence:: Toronto
State or Prov. Of
Residence:: Ontario
Country of Residence:: Canada
Street of mailing address:: 41 Sylvan Valleyway
City of mailing address:: Toronto
State or Province of
mailing address:: Ontario
Country of mailing address:: Canada
Postal or Zip Code of
mailing address:: M5M 4M4

Correspondence Information

Correspondence Customer

Number:: 001059
Phone Number:: (416)364-7311
Fax Number:: (416) 361-1398
E-Mail Address:: sbeney@bereskinparr.com

Representative Information

Representative	
Customer Number::	001059

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/397,327	03/27/2003

Foreign Priority Applications

Country::	Application Number::	Filing Date::	Priority Claimed

Assignee Information

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of
mailing address::
Country of mailing address::

Postal or Zip Code of
mailing address::